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VÉNDOR IV

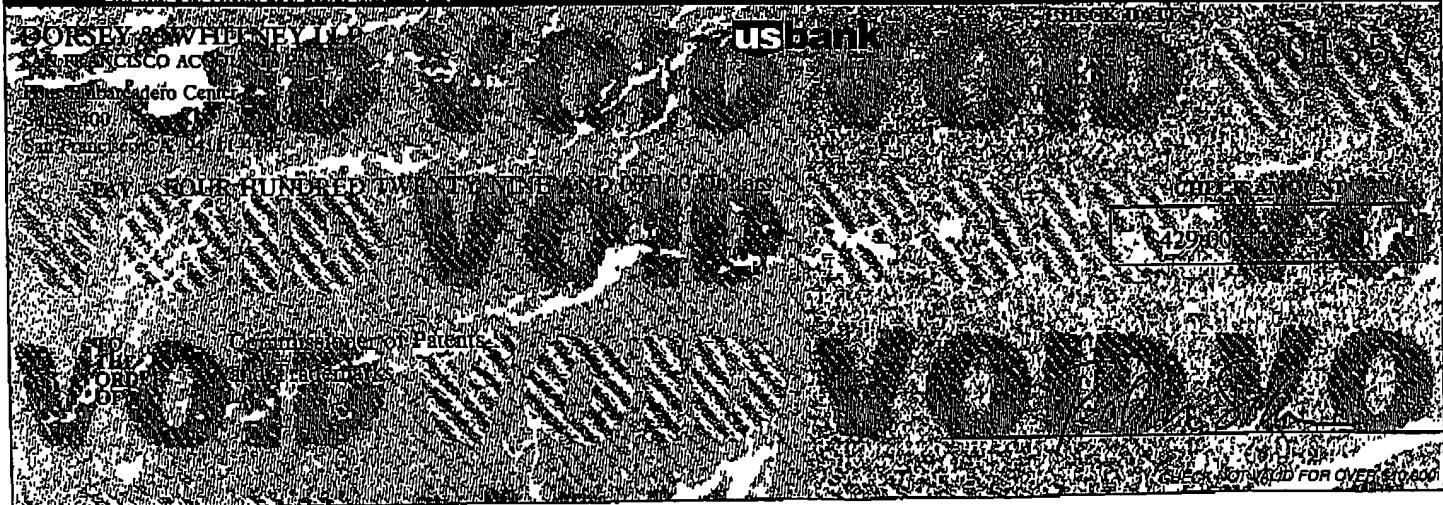
VENDOR ID: 33790

VENDOR NAME: Commissioner of Parents

CHECK DATE: 04/22/04

INVOICE NO.	INV. DATE	INVOICE DESCRIPTION	AMOUNT PAID
DCF - 34	04-22-04	469249-00170	429.00
CONTROL NO.: 301357			
			TOTAL \$429.00

ORIGINAL CHECK HAS VOID PATTERN IN BACKGROUND AND ARTIFICIAL WATERMARK ON REVERSE SIDE. DO NOT CASH IF VOID IS VISIBLE OR WATERMARK IS ABSENT.



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